Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Judith First name A. Middle name | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Ryan Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8710 | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Document Page 2 of 50 Desc Main

Case number (if known)

Debtor 1 Judith A. Ryan

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 913 Glenlake Drive | If Debtor 2 lives at a different address: | | | |
| | | Carol Stream, IL 60188 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | DuPage | , | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| Why you are choosing this district to file for | | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 3 of 50

Case number (if known) Debtor 1 Judith A. Ryan

| ar | Tell the Court About | Your B | ankruptcy Ca | ise | | | |
|-----|---|---|--|---|---|--|---|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ C | hapter 7 | | | | |
| | | □с | hapter 11 | | | | |
| | | □с | hapter 12 | | | | |
| | | □с | hapter 13 | | | | |
| 3. | How you will pay the fee | • | about how yo | ou may pay. Typ attorney is subr | ically, if you are paying the fee yo | ck with the clerk's office in your local cou ourself, you may pay with cash, cashier's alf, your attorney may pay with a credit o | s check, or money |
| | | | | | callments. If you choose this option of the second control of the | on, sign and attach the Application for In | dividuals to Pay |
| | | | I request that but is not req applies to you | at my fee be wa uired to, waive y ur family size an | ived (You may request this option your fee, and may do so only if you d you are unable to pay the fee i | on only if you are filing for Chapter 7. By I our income is less than 150% of the offici n installments). If you choose this option cial Form 103B) and file it with your petit | al poverty line that , you must fill out |
| | | | по пррпочи | on to have the c | maple i i i i i i i i i i i i i i i i i i i | olari omi 100 <i>B)</i> and me it with your polit | |
| 9. | Have you filed for bankruptcy within the | ■ No | | | | | |
| | last 8 years? | □ Ye | | | | | |
| | | | District | | When | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | 9 S. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No | | | | | |
| | | □ Ye | es. Has yo | our landlord obta | nined an eviction judgment agains | st you and do you want to stay in your re | sidence? |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out <i>Init</i> bankruptcy pet | | Judgment Against You (Form 101A) and | I file it with this |
| | | | | | | | |

Document Page 4 of 50 Case number (if known) Debtor 1 Judith A. Ryan Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to

public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Judith A. Ryan

Document Page 5 of 50

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 6 of 50

| Deb | tor 1 Judith A. Ryan | | Docum | ieni i | Cas | se number (if kn | nown) |
|------|--|--|---|--------------|---|------------------|---|
| Part | 6: Answer These Questi | ions for Re | eporting Purposes | | | | |
| | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a p | | | | n 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily money for a business or in | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts yo | u owe that a | re not consumer debts o | or business deb | ots |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | ter 7. Go to | line 18. | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter are paid that funds will be | | | | s excluded and administrative expenses |
| | administrative expenses are paid that funds will | | ■ No | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 | | | 1,000-5,000 5001-10,000 | | ☐ 25,001-50,000 ☐ 50,001-100,000 |
| | | ☐ 100-19 ☐ 200-99 | · - | | 10,001-25,000 | | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$5 | 50,000 | | \$1,000,001 - \$10 million | | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | \$50,001 - \$100,000 | | | \$10,000,001 - \$50 milli | | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | | \$50,000,001 - \$100 mil \$100,000,001 - \$500 m | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | | \$1,000,001 - \$10 million | n | □ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | \$50,0 | 01 - \$100,000 | | \$10,000,001 - \$50 mill | | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | | \$50,000,001 - \$100 mil \$100,000,001 - \$500 m | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Part | 7: Sign Below | | | | | | |
| For | you | I have exa | amined this petition, and I | declare unde | er penalty of perjury that | the information | n provided is true and correct. |
| | | | | | | | er Chapter 7, 11,12, or 13 of title 11, to proceed under Chapter 7. |
| | | | ney represents me and I di t, I have obtained and read | | | | attorney to help me fill out this |
| | | I request | relief in accordance with th | e chapter of | title 11, United States C | Code, specified | in this petition. |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571. /s/ Judith A. Ryan | | | | | |
| | | Judith A | | | Signature | e of Debtor 2 | |
| | | Executed | on July 1, 2016 MM / DD / YYYY | | Executed | on MM / DD | /YYYY |
| | | | | | | | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 7 of 50

Debtor 1 Judith A. Ryan

Document Page 7 of 50

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael T. | . Barrett, Sr. | Date | July 1, 2016 |
|-------------------------------|--------------------|---------------|--------------------|
| Signature of Att | MM / DD / YYYY | | |
| Michael T. Ba | arrett, Sr. | | |
| James D. Hul | ls & Associates | | |
| 530 Rockland Crystal Lake, | | | |
| Number, Street, City, | , State & ZIP Code | | |
| Contact phone 8' | 15-455-4755 | Email address | michael@jdhuls.com |
| 6200869 | | | |
| Bar number & State | | | |

| | | 1200:11111 | <u>-: 11 </u> | |
|---------------------|--------------------------|-------------------|--|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Judith A. Ryan | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets | | |
|-----|--|--------------|-------------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 170,469.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,608.37 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 175,077.37 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 170,820.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 19,211.12 |
| | Your total liabilities | \$ | 190,031.12 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,115.66 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,881.84 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a nersonal | family or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Entered 07/01/16 11:58:50 Desc Main Case 16-21493 Doc 1 Filed 07/01/16 Document

Page 9 of 50 Case number (if known) Debtor 1 Judith A. Ryan

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

3,414.64

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| Francisco Part A and Oak and of F/F a count that fall and in the | Total cla | im |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 9,717.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 9,717.00 |

| | | | Doci | ument | Page 10 of 50 | | | |
|----------------------------------|--|-----------------------|------------|---------------------------|---|------------------|--------------|--|
| Fill in this info | ormation to identi | ify your case and th | nis filing | | | | | |
| Debtor 1 | Judith A. F | Ryan | | | | | | |
| | First Name | | e Name | | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | e Name | | Last Name | | | |
| United States I | Bankruptcy Court f | or the: NORTHER | N DISTE | RICT OF ILL | INOIS | | | |
| Office Otales | Bankruptcy Court | or the. Hortifier | | (101 01 122 | | | | |
| Case number | | | | | | | | |
| | | | | | | | | amended filing |
| ~ <i></i> | | - | | | | | | |
| | orm 106A/ | | | | | | | |
| Schedu | ıle A/B: F | Property | | | | | | 12/15 |
| Part 1: Descrit 1. Do you own c | pestion. Dee Each Residence, Or have any legal or Part 2. | Building, Land, or Ot | ther Real | Estate You O | he top of any additional pages, wn or Have an Interest In g, land, or similar property? | write your nam | e and case n | umber (if known). |
| ■ Yes. When | e is the property? | | | | | | | |
| 1.1 | | | What | is the proper | ty? Check all that apply | | | |
| | nlake Drive | doonistion | | Single-family | home | | | s or exemptions. Put |
| Street addres | ss, if available, or other of | description | | - | ulti-unit building | | | laims on Schedule D: Secured by Property. |
| | | | | Condominiun | m or cooperative | | | |
| | | | | Manufacture | d or mobile home | Current value | of the | Current value of the |
| Carol St | | 60188-0000 | | Land | | entire propert | | oortion you own? |
| City | State | e ZIP Code | | Investment p Timeshare | property | \$170 , | 469.00 | \$170,469.00 |
| | | | | Other | | | | r ownership interest by by the entireties, or |
| | | | _ | | st in the property? Check one | a life estate), | if known. | |
| DuPago | | | | Debtor 1 only | • | | | |
| DuPage | | | | Debtor 2 only | y I Debtor 2 only | | | |
| , | | | | | of the debtors and another | Check if | | unity property |
| | | | Other | | you wish to add about this iten | n, such as local | , | |
| | | | | | from Part 1, including any | | | \$170,469.00 |
| | oe Your Vehicles | | | | | | | |
| Part 2. Descri | De l'oui veilicles | | | | | | | |
| | | | | | whether they are registere Executory Contracts and Une | | | cles you own that |
| 3. Cars, vans, | trucks, tractors, | sport utility vehicle | es, moto | rcycles | | | | |
| ■ No | | | | | | | | |
| ☐ Yes | | | | | | | | |

| Del | otor 1 | Judith A. Ry | /an | Document | Page 1 | 1 of 50 Case number | (if known) | |
|-------------|--------------------------|--|--|---|----------------|-----------------------------|-----------------|---|
| 4. V | Vatercra | aft, aircraft, mo | tor homes, ATVs and | l other recreational veh ercraft, fishing vessels, s | | vehicles, and accesso | ries | |
| | No | | | | | | | |
| |] Yes | | | | | | | |
| | | | | | | | | |
| | | | | for all of your entries f | | | | \$0.00 |
| Par | t 3: Des | scribe Your Perso | onal and Household Iter | ms | | | | |
| | | · | | erest in any of the follow | wing items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| [| Example ⊐ No | old goods and es: Major applia Describe | furnishings nces, furniture, linens, | china, kitchenware | | | | |
| | | | | | | | 7 | |
| | | | Living room furn | iture, bedroom furni | ture, tv, ap | pliances | | \$1,000.00 |
| | No | es: Televisions a | and radios; audio, video I phones, cameras, me | | ipment; comp | outers, printers, scanner | s; music colle | ctions; electronic devices |
| | Example ■ No | • | d figurines; paintings, p ions, memorabilia, coll | | ooks, pictures | s, or other art objects; st | amp, coin, or b | baseball card collections; |
| | Example ■ No | ent for sports a es: Sports, photo musical instr Describe | ographic, exercise, and | d other hobby equipment | ; bicycles, po | ol tables, golf clubs, skis | s; canoes and | kayaks; carpentry tools; |
| ı | ■ No | | s, shotguns, ammuniti | on, and related equipme | nt | | | |
| 11. | Clothes Examp ☐ No | S | lothes, furs, leather coa | ats, designer wear, shoes | s, accessorie | s | | |
| | | | All necessary us | ed wearing apparel | | |] | \$100.00 |
| [| □ No É | | ewelry, costume jewelry Misc jewelry | y, engagement rings, wed | dding rings, h | eirloom jewelry, watche | s, gems, gold | , silver \$200.00 |
| | | | wiisc jeweii y | | | | | Ψ200.0 |

Official Form 106A/B Schedule A/B: Property page 2

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 12 of 50 Case number (if known) Debtor 1 Judith A. Ryan 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$100.00 2 mixed breed dogs 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,400.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$10.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Health Care Credit Union** \$50.00 Checking 17.1. **Harris Bank** \$25.00 Checking 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

□ No

| De | btor 1 | Case 16-21493 Judith A. Ryan | Doc 1 | Filed 07/01/16 Document | Entered 07/01/16 11:58:50 Page 13 of 50 Case number (if known) | Desc Main |
|------|---------------------------|---|-----------------------------|----------------------------|--|--|
| ı | Yes. | List each account separate | ly. | | | |
| | | | account: | Institution r | name: | |
| | | IRA | | Charles S | Schwab | \$3,123.37 |
| | Your s | | you have ma | | tinue service or use from a company ctric, gas, water), telecommunications compar | nies, or others |
| l | ☐ Yes. | | | Institution r | name or individual: | |
| - | Annuit ■ No □ Yes | | | | r life or for a number of years) | |
| ļ | 26 U.S. ■ No | C. §§ 530(b)(1), 529A(b), an | nd 529(b)(1). | | ogram, or under a qualified state tuition pro | |
| | ☐ Yes | | | | ne records of any interests.11 U.S.C. § 521(c): | |
| ı | ■ No | , equitable or future intere | | erty (other than anythin | g listed in line 1), and rights or powers exe | rcisable for your benefit |
| 1 | Examµ ■ No | s, copyrights, trademarks oles: Internet domain names Give specific information a | s, websites, p | | | |
| ı | Examp ■ No | | sive licenses | | n holdings, liquor licenses, professional licens | es |
| | | Give specific information a | bout them | | | Current value of the |
| IVIC | mey or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | _ | funds owed to you | | | | |
| | ■ No □ Yes. | Give specific information ab | oout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| ı | Exam _l ■ No | · | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | ⊔ res. | Give specific information | | | | |
| | | amounts someone owes y oles: Unpaid wages, disabili benefits; unpaid loans | ty insurance | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | | Give specific information | | | | |
| | | sts in insurance policies oles: Health, disability, or life | e insurance; l | nealth savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| l | ☐ Yes. | Name the insurance compa Com | any of each p pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Page 14 of 50

Case number (if known) Document Debtor 1 Judith A. Ryan 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,208,37 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form \$170,469.00 \$0.00

55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 \$1,400.00 58. Part 4: Total financial assets, line 36 \$3,208.37 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$4,608.37 \$4.608.37

| | | 1700.000 | 111 FAUE 1.3 ULS | V |
|---|-------------------------|-------------------|------------------|---|
| Fill in this inform | nation to identify your | case: | | |
| Debtor 1 | Judith A. Ryan | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
|---|------------------------------|---|--|--|
| Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| \$170,469.00 | | \$15,000.00 | 735 ILCS 5/12-901 | |
| | | 100% of fair market value, up to any applicable statutory limit | | |
| \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) | |
| | | 100% of fair market value, up to any applicable statutory limit | | |
| \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(a) | |
| | | 100% of fair market value, up to any applicable statutory limit | | |
| \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) | |
| | | 100% of fair market value, up to any applicable statutory limit | | |
| \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | |
| | | 100% of fair market value, up to any applicable statutory limit | | |
| | \$1,000.00 \$100.00 \$200.00 | \$1,000.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 | \$170,469.00 \$170,469.00 \$170,469.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$200.00 \$200.00 \$100% of fair market value, up to any applicable statutory limit \$200.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 16 of 50
Case number (if known)

| De | Juditii A. Kyaii | | | | |
|----|---|--------------------------------------|---------|---|-----------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Cash Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 | 735 ILCS 5/12-1001(b) |
| | Ellie Holli Geriedale PAB. 1911 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Health Care Credit Union Line from Schedule A/B: 17.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | Line IIIIII Scriedule PAB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Harris Bank Line from Schedule A/B: 17.2 | \$25.00 | | \$25.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule PAB. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | IRA: Charles Schwab Line from Schedule A/B: 21.1 | \$3,123.37 | | \$3,123.37 | 735 ILCS 5/12-1006 |
| | Line Holli Schedule PAB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmer | nt.) |
| | ■ No | | | | |
| | ☐ Yes. Did you acquire the property cover | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| | | | Document | Page | 17 of 50 | | |
|----------|---|----------------|---|------------------|--|---------------------------|-------------------|
| Fill | in this information to ide | entify you | r case: | | | | |
| Dah | otor 1 Judith | A Dyan | | | | | |
| Den | otor 1 Judith A | A. Nyan | Middle Name | Last Name | | _ | |
| Deb | otor 2 | | | | | | |
| | use if, filing) First Name | | Middle Name | Last Name | | - | |
| المنا | and Ctatae Dankeruntay Car | t for the. | NORTHERN DISTRICT OF ILL | INOIS | | | |
| Unit | ed States Bankruptcy Co | urt for the: | NORTHERN DISTRICT OF ILL | JINOIS | | _ | |
| Cas | e number | | | | | | |
| (if kno | | | | | | ☐ Check | c if this is an |
| | | | | | | amen | ded filing |
| | | | | | | | |
| Offi | icial Form 106D | | | | | | |
| Sc | hedule D: Cred | ditors | Who Have Claims | Secur | ed by Proper | tv | 12/15 |
| | Tiodalo B. Gro | <u> </u> | Title Have claims | | od by 1 Topol | • 9 | 12/10 |
| | | | f two married people are filing togeth | | | | |
| | eded, copy the Additional P per (if known). | age, fill it o | out, number the entries, and attach it | to this form | i. On the top of any additi | onai pages, write your na | ime and case |
| | any creditors have claims | secured by | your property? | | | | |
| | | , | , , , , | cchoduloc | Vou have nothing also | to report on this form | |
| | _ | | is form to the court with your other | scriedules | . Tou have nothing else | to report on this form. | |
| | Yes. Fill in all of the int | formation b | pelow. | | | | |
| Part | 11: List All Secured C | Claims | | | | | |
| 2. Li | st all secured claims. If a cr | reditor has m | nore than one secured claim, list the cre | ditor separa | tely Column A | Column B | Column C |
| for e | ach claim. If more than one | creditor has | a particular claim, list the other creditors | s in Part 2. A | As Amount of claim | Value of collateral | Unsecured |
| mucl | h as possible, list the claims i | in alphabetic | al order according to the creditor's nam | e. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 | Discover Bank | | Describe the property that secures t | he claim: | \$11,500.00 | \$170,469.00 | \$0.00 |
| | Creditor's Name | | 913 Glenlake Drive Carol Str | eam, IL | | | |
| | | | 60188 DuPage County | • | | | |
| | C/O Blitt & Gaines, I | P.C. | As of the data you file the claim is: | Ob 1 - 11 4b - 4 | | | |
| | 661 Glenn Avenue | | As of the date you file, the claim is: apply. | Check all that | | | |
| | Wheeling, IL 60090 | | Contingent | | | | |
| | Number, Street, City, State & Zi | p Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | owes the debt? Check or | ne. | Nature of lien. Check all that apply. | | | | |
| | Debtor 1 only | | An agreement you made (such as | mortgage or | secured | | |
| | Debtor 2 only | | car loan) | | | | |
| | Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, med | chanic's lien |) | | |
| | At least one of the debtors and | d another | Judgment lien from a lawsuit | | | | |
| | Check if this claim relates to | оа | Other (including a right to offset) | | | | |
| | community debt | | care (meaning a right to care) | | | | |
| D | Total Control of Land | - 0040 | Lord & Politica Construction | 000 | ·F | | |
| Date | debt was incurred June | e, 2013 | Last 4 digits of account numl | ber <u>268</u> | 5 | | |
| | ¬ | | | | | | |
| 2.2 | Illinois Housing & | | Describe the property that secures t | ha alaim. | \$25,000.00 | \$170,469.00 | \$0.00 |
| | Development Creditor's Name | | · · · · · · | | 7 | Ψ170,403.00 | Ψ0.00 |
| | Creditor's Name | | 913 Glenlake Drive Carol Str 60188 DuPage County | ream, IL | | | |
| | 401 N. Michigan Ave | anua | Durage County | | | | |
| | Suite 700 | ciiuc | As of the date you file, the claim is: | Check all that | | | |
| | Chicago, IL 60611 | | apply. Contingent | | | | |
| | Number, Street, City, State & Zi | n Code | ☐ Unliquidated | | | | |
| | rumbor, outon, only, outon a 2. | p 0000 | ☐ Disputed | | | | |
| Who | owes the debt? Check or | ne. | Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only | | ☐ An agreement you made (such as i | mortgage or | secured | | |
| | Debtor 2 only | | car loan) | | | | |
| _ | Debtor 2 only Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax lien, med | obanio'a lica | ١ | | |
| _ | Deptor 1 and Deptor 2 only At least one of the debtors and | d another | ☐ Judgment lien from a lawsuit | unaniics lien |) | | |
| _ | at least one of the deptors and Check if this claim relates to | | | 10 year f | forgivable lien | | |
| _ (| ZINGON II LIIIS GIAIIII TEIALES TO | J a | Other (including a right to offset) | i o y cai i | . J. g. rabic iidii | | |

community debt

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 18 of 50

| Debtor | 1 Judith A. I | Ryan | | Cas | e number (if know) | | |
|--------------|--|-----------------------|---|---------------------------|-------------------------------|------------------------|--------------|
| | First Name | Middle Na | ame Last Name | | _ | | |
| Date del | ot was incurred | 2012 | Last 4 digits of account number | Illinois Ha Hit Progra | | | |
| 2.3 M | idland Fundi | ng LLC | Describe the property that secures the c | laim: | \$1,269.00 | \$170,469.00 | \$351.00 |
| | editor's Name O Blatt, Hase | enmiller et | 913 Glenlake Drive Carol Stream 60188 DuPage County | n, IL | | | |
| 10 22 |) S. LaSalle S 200 hicago, IL 60 | | As of the date you file, the claim is: Check apply. Contingent | k all that | | | |
| | mber, Street, City, S | | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debto | or 1 only | HECK OHE. | An agreement you made (such as mortg car loan) | gage or secured | I | | |
| | or 1 and Debtor 2 | • | ☐ Statutory lien (such as tax lien, mechani | ic's lien) | | | |
| ☐ At lea | ast one of the deb | tors and another | Judgment lien from a lawsuit | | | | |
| | ck if this claim re munity debt | elates to a | Other (including a right to offset) | | | | |
| Date del | ot was incurred | July, 2014 | Last 4 digits of account number | 3571 | | | |
| | S Bank Home | e Mortgage | Describe the property that secures the c | | \$133,051.00 | \$170,469.00 | \$0.00 |
| Cre | editor's Name | | 913 Glenlake Drive Carol Stream 60188 DuPage County | n, IL | | | |
| | .O. Box 2000 wensboro, K | - | As of the date you file, the claim is: Check apply. Contingent | k all that | | | |
| Nu | mber, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| Who ow | ves the debt? C | heck one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debto | , | | ☐ An agreement you made (such as mortg car loan) | gage or secured | I | | |
| | or 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechani | ic's lien) | | | |
| | ast one of the deb | • | ☐ Judgment lien from a lawsuit | , | | | |
| | ck if this claim re munity debt | elates to a | Other (including a right to offset) | rtgage | | | |
| Date del | ot was incurred | 2009 | Last 4 digits of account number | 6087 | | | |
| | | | | | | | |
| | | • | olumn A on this page. Write that number h | nere: | \$170,820.00 | 1 | |
| | is the last page of that number here | | the dollar value totals from all pages. | | \$170,820.00 | I | |
| Part 2: | List Others t | o Be Notified fo | r a Debt That You Already Listed | | | | |
| trying to | collect from you | u for a debt you o | e notified about your bankruptcy for a deb we to someone else, list the creditor in Pa you listed in Part 1, list the additional cred is page. | rt 1, and then I | ist the collection agency I | here. Similarly, if yo | ou have more |
| | lame, Number, St | reet, City, State & 2 | Zip Code | On which lin | e in Part 1 did you enter the | creditor? 2.1 | |
| P | P.O. Box 1531 Vilmington, D | 16 | | Last 4 digits | of account number | | |

| | | Document | Page 1 | 9 of 50 | |
|--|--|--|--|--|---|
| Fill in th | nis information to identify your | case: | | | |
| Debtor 1 | Judith A. Ryan | | | | |
| | First Name | Middle Name | Last Name | _ | |
| Debtor 2 (Spouse if, | | Middle Name | Last Name | | |
| | 3, | | | | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | |
| Case nu (if known) | ımber | | | | ☐ Check if this is an amended filing |
| | al Form 106E/F dule E/F: Creditors V | Vho Have Unsecured | Claims | | 12/15 |
| any execu Schedule Schedule left. Attac name and | tory contracts or unexpired lease G: Executory Contracts and Unex D: Creditors Who Have Claims Se h the Continuation Page to this pa I case number (if known). | s that could result in a claim. Also I pired Leases (Official Form 106G). I cured by Property. If more space is ige. If you have no information to re | ist executory of Do not include needed, copy | contracts on Schedule A/B: Pro any creditors with partially sec the Part you need, fill it out, nu | RIORITY claims. List the other party to pperty (Official Form 106A/B) and on cured claims that are listed in mber the entries in the boxes on the of any additional pages, write your |
| Part 1: | List All of Your PRIORITY U | | | | |
| | ny creditors have priority unsecur | ed ciaims against you? | | | |
| | | | | | |
| □ Y | - | TV Uneocured Claims | | | |
| □ N ■ Y 4. List a unse | es. all of your nonpriority unsecured coured claim, list the creditor separate | part. Submit this form to the court with claims in the alphabetical order of the sly for each claim. For each claim listed list the other creditors in Part 3.If you | ne creditor who | holds each claim. If a creditor ype of claim it is. Do not list clain | ns already included in Part 1. If more |
| Part : | 2. | | | | Total eleim |
| | | | | | Total claim |
| | AFNI, Inc. Nonpriority Creditor's Name | Last 4 digits of acc | ount number | 5987 | \$450.00 |
| | 404 Brock Drive | When was the deb | t incurred? | 2014 | |
| | Bloomington, IL 61701 Number Street City State Zlp Code Who incurred the debt? Check one | | file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and ar | nother Type of NONPRIOR | RITY unsecured | d claim: | |
| | ☐ Check if this claim is for a com | nmunity | | | |
| | debt | | | ration agreement or divorce that | you did not |
| | Is the claim subject to offset? | report as priority cla | | g plans, and other similar debts | |
| | ■ No | · | • | • | |
| | Yes | Other. Specify | AI&I UVer | se | |
| | | | | | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 20 of 50

Debtor 1 Judith A. Ryan Case number (if know) 4.2 \$10.00 Alexian Brother Medical Group Last 4 digits of account number A380 Nonpriority Creditor's Name 3040 Salt Creek Lane When was the debt incurred? 3/15 Arlington Heights, IL 60005 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes 4.3 **Alexian Brothers Health System** Last 4 digits of account number 9909 \$437.53 Nonpriority Creditor's Name 22589 Network Place When was the debt incurred? 2010-2011 Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.4 **ATG Credit** Last 4 digits of account number 2516 \$87.00 Nonpriority Creditor's Name 1700 West Cortland, Suite 2 When was the debt incurred? 2013 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical expenses** Other. Specify

Document Page 21 of 50 Debtor 1 Judith A. Ryan Case number (if know) 4.5 \$60.00 Cadence Health Last 4 digits of account number 2443 Nonpriority Creditor's Name 25 N. Winfield Rd When was the debt incurred? 1/21/14 Winfield, IL 60190 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical expenses ☐ Yes 4.6 **Cadence Health** \$204.44 Last 4 digits of account number 3625 Nonpriority Creditor's Name 25 N. Winfield Rd When was the debt incurred? 6/3/13 Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical expenses** Other. Specify 4.7 **Cadence Health** Last 4 digits of account number 5531 \$400.00 Nonpriority Creditor's Name 25 N. Winfield Rd When was the debt incurred? 6/15 Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not

■ No
□ Yes

report as priority claims

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Medical expenses

Is the claim subject to offset?

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 22_of 50

Debtor 1 Judith A. Ryan Case number (if know) 4.8 \$1,230.91 Cadence Health Last 4 digits of account number 9464 Nonpriority Creditor's Name 25 N. Winfield Rd When was the debt incurred? 6/15 Winfield, IL 60190 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical expenses ☐ Yes 4.9 **Cadence Health** \$100.04 Last 4 digits of account number 9464 Nonpriority Creditor's Name 25 N. Winfield Rd When was the debt incurred? 6/15 Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical expenses** Other. Specify 4.1 **Cadence Health** 9464 \$571.51 Last 4 digits of account number Nonpriority Creditor's Name C/O Nationwide Credit & Coll. When was the debt incurred? 8/13 to 9/13 815 Commerce Dr. Suite 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical expenses ☐ Yes

| Debto | or 1 Judith A. Ryan | Document Page 2 | 3 OT 50 Case number (if know) | |
|----------|--|--|---|------------|
| 4.1 1 | Capital One Bank USA | Last 4 digits of account number | 6038 | \$88.00 |
| | Nonpriority Creditor's Name P.O. Box 85520 Rightmand VA 22285 | When was the debt incurred? | 2014 | |
| | Richmond, VA 23285 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Various pro | oducts and services | |
| 4.1 2 | Comcast | Last 4 digits of account number | 8694 | \$273.18 |
| | Nonpriority Creditor's Name C/O Convergent Outsourcing 800 SW 39th St./PO Box 9004 | When was the debt incurred? | 2015 | |
| | Renton, WA 98057 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • , | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify TV/Internet | | |
| 4.1 | Kohls/Capone | Last 4 digits of account number | 4143 | \$1,083.00 |
| <u> </u> | Nonpriority Creditor's Name | | | . , |
| | N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051 | When was the debt incurred? | 2009-2013 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | _ | Пол | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |

■ No

☐ Yes

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 24 of 50

Debtor 1 Judith A. Ryan Case number (if know) 4.1 **MCYDSNB** 4960 \$2.00 Last 4 digits of account number Nonpriority Creditor's Name 9111 Duke Blvd When was the debt incurred? 1988 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Various products 4.1 Medical Business Bureau 5660 \$713.00 Last 4 digits of account number Nonpriority Creditor's Name 1550 Northwest Highway When was the debt incurred? 2015 Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical expenses ☐ Yes 4.1 Medical Business Bureau 1087 \$671.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 1550 Northwest Highway When was the debt incurred? 2013-2014 Park Ridge, IL 60068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Medical expenses

| otor 1 Judith A. Ryan | Document Page 25 of 50 Case number (if know) | |
|--|--|------------|
| Merchants Credit Guide | Last 4 digits of account number 3740 | \$75.00 |
| Nonpriority Creditor's Name 223 W. Jackson Blvd. Suite 4 Chicago, IL 60606 | When was the debt incurred? 2014 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical expenses | |
| Portfolio Recovery A Nonpriority Creditor's Name | Last 4 digits of account number 5200 | \$714.00 |
| 120 Corporate Blvd. Suite 1 Norfolk, VA 23502 | When was the debt incurred? 2014 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify | |
| State Farm-Birmingham Auto | Last 4 digits of account number N709 | \$2,044.51 |
| Nonpriority Creditor's Name C/O Vengroff Williams, Inc. 8440 N. Tomiami Tr Sarasota, FL 34230-4155 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |

■ No

☐ Yes

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

lacktriangledown Other. Specify Claim due to automobile accident

| Debtor | 1 Judith A. Ryan | Document Page 2 | 6 of 50 Case number (if know) | |
|--------|--|--|---|------------|
| | - Cadim / ii riyan | | | |
| 4.2 | U.S. Department of Education | Last 4 digits of account number | 8581 | \$9,717.00 |
| | Nonpriority Creditor's Name P.O. Box 7202 Utica, NY 13504-7202 | When was the debt incurred? | 2009 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Parent edu | cation loan for daughter | |
| 4.2 | Winfield Laboratory Consultants | Last 4 digits of account number | 9300 | \$40.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Dept. 4408 | When was the debt incurred? | 6/15 | |
| | Carol Stream, IL 60122-4408 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical | | |
| 4.2 | Winfield Radiology Consultants | Last 4 digits of account number | 3877 | \$63.00 |
| | Nonpriority Creditor's Name 6910 S. Madison | When was the debt incurred? | 6/15 | |
| | Willowbrook, IL 60527 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | or the date you me, the oldin | io. oook an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |

debt

■ No

☐ Yes

report as priority claims

Other. Specify Medical

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

Debtor 1 Judith A. Ryan

Document Page 27 of 50

Case number (if know)

| Winfield Radiology Consultants | Last 4 digits of account number | 3877 | \$176.0 |
|---|--|--|---------|
| Nonpriority Creditor's Name 6910 S. Madison | When was the debt incurred? | 6/15 | |
| Willowbrook, IL 60527 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|--------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | T | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 9,717.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 9,494.12 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 19,211.12 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | 12111111 | | |
|---|--------------------------|-------------------|-------------|--------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Judith A. Ryan | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Toyota Financial Services C/O Robert Loquercio Enterprises 1600 West Lake Street Streamwood, IL 60107 Vehilce Lease for a 2015 Toyota RAV4 AWD 4 dr XLE

| | | Docume | ent Page 29 d | of 50 | |
|----------------------|---|---|------------------------|---|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | ludith A Duan | | | | |
| Depioi i | Judith A. Ryan First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| oou otat | ico zaminapio, countro, inc. | | | | |
| Case numb | per | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| Arizona ■ No. □ Yes. | nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. . Did your spouse, former spo | , Nevada, New Mexico, Pu use, or legal equivalent live | erto Rico, Texas, Wash | ington, and Wisconsin.) | y states and territories include g with you. List the person shown |
| Form 1 out Co | 106Ď), Schedule E/F (Officia olumn 2. | | | 06G). Use Schedule D, | ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt |
| | | | | Oncon an concaus | o mar app.y. |
| 3.1 | | | | Schedule D, line | e |
| 1 | Name | | | ☐ Schedule E/F, li | ine |
| | | | | ☐ Schedule G, line | e |
| | Number Street City | State | ZIP Code | _ | |
| | | | | _ | |
| 3.2 | Nome | | | Schedule D, line | |
| ľ | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | e |
| 1 | Number Street | | | _ | |
| (| City | State | ZIP Code | | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 30 of 50

| Fill | in this information to identify your ca | asa. | | | | | | | | |
|--------------------|--|-------------------------------|--|---------------------|------------------|----------------------------|---------------------|------------------------------------|---------------------------------|---|
| | otor 1 Judith A. Ry | | | | | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| (If kr | se number | | | | | | mended pplemer | J | stpetition chapter ing date: | |
| | fficial Form 106l | | | | | MM / | DD/ YY | /YY | | |
| | chedule I: Your Inco | | nla ana filima ta nathan | /Dab4 | | and Dabtan | 0\ b = 4l | | 12/1 | ; |
| sup spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. (| are married and not filing wi | ng jointly, and your spith you, do not include | oouse i e infori | is livi matio | ng with you on about yo | u, inclu ur spot | de informations. Use. If more s | on about your space is needed, | n |
| 1. | Fill in your employment information. | | Debtor 1 | | | De | ebtor 2 | or non-filing | spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | | l Employ | yed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | Not em | nployed | | |
| | employers. | Occupation | Customer Service | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | CDH - Delnor Hea | alth Sy | /sten | n | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 25 N. Winfield Ro Winfield, IL 60190 | | | | | | | |
| | | How long employed the | here? <u>1 1/2 ye</u> a | rs | | | | | | |
| Par | t 2: Give Details About Mor | thly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If y | you have nothing to rep | ort for | any li | ne, write \$0 | in the s | space. Include | your non-filing | |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | emplo | yers for that | t person | on the lines t | pelow. If you need | |
| | | | | | | For Debtor | r 1 | For Debtor non-filing s | | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, or | | | 2. | \$_ | 3,69 | 8.50 | \$ | N/A | |
| 3. | Estimate and list monthly overti | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |

3,698.50

N/A

Calculate gross Income. Add line 2 + line 3.

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 31 of 50

| Deb | tor 1 | Judith A. Ryan | = | Case | number (<i>if kno</i> | wn) | | | | |
|-----|--|--|---------|--------|---|------|-------------|----------|-------|----------|
| | | | | For | Debtor 1 | | | Debtor 2 | | |
| | Сор | y line 4 here | 4. | \$ | 3,698. | 50 | \$ | 9 -1 | N/A | _ |
| 5. | l iet | all payroll deductions: | | | | | | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 5 00 | 67 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 528. | 00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | 00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$- | | 00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | \$_ | 54. | | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | | 00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g. | \$_ | | 00 | <u>\$</u> — | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | · · — | | 00 | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | \$ | 582. | | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,115. | | \$ | | N/A | - |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | · | 5,110. | | · | | | - |
| | | monthly net income. | 8a. | \$ | 0 | 00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$- | | 00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ | | .00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 8d. | \$- | | 00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e. | \$ | | 00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | | .00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | \$ | | 00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | + \$ | 0. | 00 | + \$ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0. | 00 | \$ | | N// | A |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | : | 3,115.66 | + \$ | | N/A | = \$ | 3,115.66 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | Ľ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | ., |
| 11. | . State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 | | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 12. | \$ | 3,115.66 |
| | | | | | | | | | Combi | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | month | y income |

Official Form 106I Schedule I: Your Income page 2

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 32 of 50

| Fill | in this information to identify | your case: | | | | |
|------|--|--|---|--------------------------------------|---|---|
| Deb | otor 1 Judith A. R | yan | | Ched | ck if this is: | |
| | otor 2 | | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| ` . | , | e: NORTHERN DISTRICT (| OF ILLINOIS | - | MM / DD / YYYY | |
| | . , | | | | , ==, | |
| | nown) | | | | | |
| | fficial Form 106J | | | | | |
| | chedule J: Your | | | | | 12/15 |
| info | as complete and accurate a ormation. If more space is n mber (if known). Answer ev | as possible. If two married p leeded, attach another shee ery question. | eople are filing together t to this form. On the top | r, both are equ o of any addition | ally responsible fo onal pages, write y | or supplying correct your name and case |
| Par | | sehold | | | | |
| 1. | Is this a joint case? ■ No. Go to line 2. | | | | | |
| | | e in a separate household? | | | | |
| | □No | | | | | |
| | | ust file Official Form 106J-2, E | Expenses for Separate Ho | usehold of Deb | tor 2. | |
| 2. | Do you have dependents? | ? 🗆 No | | | | |
| | Do not list Debtor 1 and Debtor 2. | ■ Yes. Fill out this informate each dependent | - | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | Son | | 27 years | Yes |
| | | | | | | □ No |
| | | | | | _ | ☐ Yes ☐ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include | | | | | |
| | expenses of people other yourself and your depend | | | | | |
| | <u> </u> | | | | | |
| Est | | oing Monthly Expenses your bankruptcy filing date bankruptcy is filed. If this i | | | | |
| the | | n non-cash government assi nd have included it on <i>Sch</i> e | | | Your exp | enses |
| (OI | niciai Forni 100i.) | | | | | |
| 4. | The rental or home owner payments and any rent for t | rship expenses for your resi he ground or lot. | idence. Include first mortg | gage 4. \$ | · | 1,216.84 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | · | 0.00 |
| | | r's, or renter's insurance | | 4b. \$ | | 0.00 |
| | | repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | | ation or condominium dues nents for vour residence. su | ich as home equity loans | 4d. \$ 5. \$ | | 0.00 |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 33 of 50

| Debto | r1 Judith A | a. Ryan | Case num | ber (if known) | |
|-------------|------------------------------------|--|------------|---------------------------------------|------------------------|
| 6. U | Jtilities: | | | | |
| - | | , heat, natural gas | 6a. | \$ | 275.00 |
| | • | wer, garbage collection | 6b. | | 30.00 |
| _ | | e, cell phone, Internet, satellite, and cable services | 6c. | · | 185.00 |
| | id. Other. Sp | | 6d. | · | 0.00 |
| _ | | ekeeping supplies | 7. | · | 400.00 |
| | | children's education costs | 8. | \$ | 0.00 |
| _ | | | 9. | \$ | |
| | - | lry, and dry cleaning products and services | 10. | · · · · · · · · · · · · · · · · · · · | 25.00 |
| | | | | · | 15.00 |
| | Medical and de | • | 11. | \$ | 50.00 |
| | ransportation. Oo not include c | Include gas, maintenance, bus or train fare. | 12. | \$ | 250.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | · | 10.00 |
| | | tributions and religious donations | 14. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | nsurance. | inbutions and religious donations | 14. | Ψ | 0.00 |
| | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | 5a. Life insura | | 15a. | \$ | 0.00 |
| | 5b. Health ins | | 15b. | · | 0.00 |
| | 5c. Vehicle in | | 15c. | · | 50.00 |
| | 5d. Other insu | | 15d. | | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20. | | Ψ | 0.00 |
| _ | Specify: | icidae taxes deducted from your pay of included in lines 4 of 20. | 16. | \$ | 0.00 |
| 7. Ir | nstallment or le | ease payments: | | | |
| 1 | 7a. Car paym | ents for Vehicle 1 | 17a. | \$ | 375.00 |
| 1 | 7b. Car paym | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| 1 | 7c. Other. Spo | ecify: | 17c. | \$ | 0.00 |
| 1 | 7d. Other. Spo | ecify: | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support that you did not report as | | Ф. | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · - | |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form or on School expenses. | | | 0.00 |
| | | s on other property | 20a. | · | 0.00 |
| | 0b. Real estat | | 20b. | · | 0.00 |
| | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | | 0.00 |
| | | er's association or condominium dues | 20e. | \$ | 0.00 |
| I. C | Other: Specify: | | 21. | +\$ | 0.00 |
| 2. C | Calculate your | monthly expenses | | | |
| | 2a. Add lines 4 | · · · · · · · · · · · · · · · · · · · | | \$ | 2,881.84 |
| | | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , |
| | | a and 22b. The result is your monthly expenses. | | \$ | 2 004 04 |
| 2 | 20. Aud III IE 22 | a and 220. The result is your monthly expenses. | | Ψ | 2,881.84 |
| | - | monthly net income. | | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | | 3,115.66 |
| 2 | 3b. Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 2,881.84 |
| _ | 12a Cultimari | cours monthly over an accompany of the state | | | |
| 2 | | your monthly expenses from your monthly income. It is your <i>monthly net income</i> . | 23c. | \$ | 233.82 |
| | | , | | I | |
| | | an increase or decrease in your expenses within the year after you | | | |
| | | ou expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | r mortgage | payment to increase | or decrease because of |
| | | terms or your mortgage: | | | |
| | No. | [= | | | |
| | ☐ Yes. | Explain here: | | | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 34 of 50

| Fill in this infor | mation to identify your | | | | |
|---------------------|--|---------------------------|----------------------------|-----------------------------|---|
| | mation to identify your | case: | | - | |
| Debtor 1 | Judith A. Ryan First Name | Middle Name | Last Name | | |
| Debtor 2 | i iist ivailie | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | | | | | |
| Declarat | tion About a | an Individual | Debtor's Sc | chedules | 12/15 |
| | l8 U.S.C. §§ 152, 1341, 1 in Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorn | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | cy Petition Preparer's Notice, Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sumn | nary and schedules file | ed with this declaration an | d |
| X /s/ Jud | dith A. Ryan | | X | | |
| Judith | A. Ryan ure of Debtor 1 | | Signature of | Debtor 2 | |
| Date | July 1, 2016 | | Date | | |

| | in this inform | estion to identify you | | | | | | | | | |
|---------------------|----------------------------|---|--|---|--|---|--|--|--|--|--|
| | | nation to identify you | r case: | | | | | | | | |
| Del | otor 1 | Judith A. Ryan First Name | Middle Name | Last Name | | | | | | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| Uni | ted States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | | | |
| | se number | | | | _ | Check if this is an | | | | | |
| Sta Be a info | as complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup additional pages, write yo | | | | | | |
| Pai | t 1: Give D | etails About Your Ma | arital Status and Where You | ı Lived Before | | | | | | | |
| 1. | What is your | current marital statu | ıs? | | | | | | | | |
| | ☐ Married ■ Not mar | ried | | | | | | | | | |
| 2. | During the la | ng the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | |
| | ■ No □ Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | | |
| 3. state | | | | | ity property state or territor co, Texas, Washington and V | | | | | | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | | |
| Pai | t 2 Explain | n the Sources of You | r Income | | | | | | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? | | | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$8,977.63 | ☐ Wages, commissions, bonuses, tips | | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | | |

Official Form 107

Page 36 of 50 Case number (if known) Debtor 1 Judith A. Ryan

| | | | | | Debtor 1 | | | | | Debtor 2 | | |
|----|----------------------------------|----------------------------|-----------------------------|---|---|--|--------------------------|--|-------------------|---------------------------------------|---------------------------|---|
| | | | | | | of income I that apply. | (befo | s income re deductions and sions) | d | Sources of inconcern Check all that a | | Gross income (before deductions and exclusions) |
| | r last calen nuary 1 to | | | 31, 2015) | ■ Wages, commissions, bonuses, tips \$33,397.0 | | 00 | ☐ Wages, com bonuses, tips | missions, | | | |
| | | | | | ☐ Opera | ating a business | | | | ☐ Operating a | ousiness | |
| | r the calend Inuary 1 to | | | | ■ Wage | es, commissions, , tips | nissions, \$15,028.00 | | 00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | ☐ Opera | ating a business | | | | ☐ Operating a | ousiness | |
| | and other winnings. List each s | public If you source | benef are fili | it payments; ng a joint cas ne gross inco | pensions; is and you | ome is taxable. Ex rental income; inte have income that ach source separa | erest; divid you rece | dends; money col ived together, list | llecte t it on | ed from lawsuits; ly once under De | royalties; and btor 1. | ecurity, unemployment, d gambling and lottery |
| | | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | | Sources Describe | of income below. | each (befo | s income from source re deductions and sions) | d | Sources of inc. Describe below. | | Gross income (before deductions and exclusions) |
| | r the calend Inuary 1 to | | | | Unempl | oyment | | \$5,694.0 | 0 | | | |
| Pa | rt 3: List | Cort | nin Da | umante Vall | Made Ref | ore You Filed for | Bankrur | ntov | | | | |
| 6. | | Debt Neitl indiv | or 1's her De idual p | or Debtor 2 btor 1 nor Derimarily for a | 's debts po Debtor 2 has personal, ore you filed | rimarily consume | er debts? umer de | bts. Consumer dese." | | | | I(8) as "incurred by an |
| | | | No. Yes ıbject t | paid that cre not include | each credito editor. Do i payments | | nts for do | mestic support of ruptcy case. | bliga | tions, such as ch | ild support a | ne total amount you nd alimony. Also, do |
| | Yes. | | | | | ve primarily cons | | | total (| of \$600 or more? | | |
| | | | No. | Go to line 7 | | | | | | | | |
| | | | Yes | | ments for o | | | | | | | creditor. Do not nclude payments to an |
| | Creditor' | s Nan | ne and | l Address | | Dates of paymo | ent | Total amount | | Amount you | Was this p | payment for |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 37 of 50

| Deb | tor 1 | Judith A. Ryan | Document F | Page 37 of 50 |) se number (<i>it</i> | f known) | | |
|-----|----------------------|---|---|--|-----------------------------------|--------------------|---|--|
| | | | | | | | | |
| | <i>Inside</i> of whi | n 1 year before you filed for bankrupto ers include your relatives; any general par ich you are an officer, director, person in of iness you operate as a sole proprietor. 11 ny. | tners; relatives of any gen- control, or owner of 20% of | eral partners; partner r more of their votin | erships of wh g securities; | nich you and an | are a general are a general are a general are a general are | al partner; corporations agent, including one for |
| | _ | No Yes. List all payments to an insider. | | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount still | | Reason for | this payment |
| | inside Includ | n 1 year before you filed for bankruptcer? le payments on debts guaranteed or cosi | | ments or transfer a | any propert | y on ac | count of a d | ebt that benefited an |
| | _ | Yes. List all payments to an insider | | | | | | |
| | Insid | ler's Name and Address | Dates of payment | Total amount paid | Amount still | | Reason for | this payment ditor's name |
| Par | | Identify Legal Actions, Repossession | | • | | | | |
| | <u> </u> | ications, and contract disputes. No Yes. Fill in the details. | | | | | | |
| | | e title e number | Nature of the case | Court or agency | | | Status of the case | |
| | | cover Bank vs Judith Ryan R2685 | Small claims | Circuit Court of the 18th Judicial Cir 505 N. County Farm Road Wheaton, IL 60189 | | d | ☐ Pending ☐ On appeal ☐ Concluded | |
| | | | | | | | Juagment | t entered 6/13 |
| | Rya | land Funding LLC vs. Jusith A. n C3571 | Small claims | Circuit Courty of the 18th Judicial Cir 505 N. County Farm Road Wheaton, IL 60189 | | | □ Pending□ On appeal■ Concluded | |
| | | | | · | | | Judgment entered 7/14 | |
| | | n 1 year before you filed for bankruptc k all that apply and fill in the details below | | rty repossessed, f | foreclosed, | garnish | ned, attache | d, seized, or levied? |
| | _ | No. Go to line 11. Yes. Fill in the information below. | | | | | | |
| | | litor Name and Address | Describe the Property | | | Date | | Value of the |
| | | | Explain what happened | | | | | property |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

■ No

☐ Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Amount

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Page 38 of 50 Case number (if known) Document Debtor 1 Judith A. Ryan 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment **Address** transferred or transfer was Email or website address made Person Who Made the Payment, if Not You Michael T. Barrett, Sr. Attorney fees and court filing fees 4/1/2016 \$1,309.00 530 Rockland Road Crystal Lake, IL 60014 \$30.00 The Mesquite Group, Inc. **Bankruptcy Credit Counseling Courtse** March 30,

2016

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Page 39 of 50 Case number (if known) Document

Debtor 1 Judith A. Ryan

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | |
|-----|--|---|-------------------------------|--|---|--|--|
| | Yes. Fill in the details. Person Who Was Paid Address | Description and va transferred | lue of any property | Date payment or transfer was made | Amount of payment | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes, Fill in the details. | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | ed p | Describe any property or payments received or debts paid in exchange | Date transfer was made | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and va | lue of the property | transferred | Date Transfer was made | | |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Storage | Units | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and La | ast 4 digits of ecount number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? No | r before you filed for I | oankruptcy, any saf | e deposit box or other depos | itory for securities, | | |
| | Yes. Fill in the details. Name of Financial Institution | Who else had acce | | cribe the contents | Do you still | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Str State and ZIP Code) | eet, City, | | have it? | | |
| 22. | Have you stored property in a storage unit or p No | olace other than your l | nome within 1 year | before you filed for bankrupto | cy? | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or hat to it? Address (Number, Strate and ZIP Code) | | cribe the contents | Do you still have it? | | |
| | | | | | | | |

Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Page 40 of 50
Case number (if known) Document

Debtor 1 Judith A. Ryan

| Pai | t 9: Identify Property You Hold or Control for S | omeone Else | | | | | | |
|-----|---|--|--------|--------------------------------------|-----------------------|--|--|--|
| 23. | 3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | cribe the property | Value | | | |
| Pa | tt 10: Give Details About Environmental Informat | tion | | | | | | |
| For | the purpose of Part 10, the following definitions a | pply: | | | | | | |
| | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | , land, soil, surface water, ground | | | | | | |
| | Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s | - | law, v | whether you now own, operate, o | or utilize it or used | | | |
| | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si | | was | te, hazardous substance, toxic s | ubstance, | | | |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of wher | 1 they | occurred. | | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | unde | er or in violation of an environme | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case | | | |
| Pai | t 11: Give Details About Your Business or Conn | ections to Any Business | | | | | | |
| 27. | | | | | | | | |
| 21. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | , | . , | , | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or e | - | | | | | | |

Entered 07/01/16 11:58:50 Case 16-21493 Doc 1 Filed 07/01/16 Page 41 of 50 Case number (if known) Document Debtor 1 Judith A. Ryan No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Judith A. Ryan Signature of Debtor 2 Judith A. Ryan Signature of Debtor 1 Date July 1, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person ____ . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-21493 Doc 1 Filed 07/01/16 Entered 07/01/16 11:58:50 Desc Main Document Page 46 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Judith A. Ryan | | Case No. | | |
|---------|---|---|--|--------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTOR | NEY FOR DE | CBTOR(S) | |
| C | rursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20160 compensation paid to me within one year before the filing terendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, o | or agreed to be paid | to me, for services ren | dered or to |
| | For legal services, I have agreed to accept | | \$ | 949.00 | |
| | Prior to the filing of this statement I have received | | \$ | 949.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. ■ | I have not agreed to share the above-disclosed comp | ensation with any other person u | nless they are mem | pers and associates of 1 | ny law firm. |
| [| I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrows. | | | | w firm. A |
| 5. I | n return for the above-disclosed fee, I have agreed to re | nder legal service for all aspects | of the bankruptcy c | ase, including: | |
| b c. | Analysis of the debtor's financial situation, and rende Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hot | ement of affairs and plan which not and confirmation hearing, and educe to market value; exeruns as needed; preparation a | may be required; I any adjourned hear mption planning; | rings thereof; | ing of |
| 6. B | by agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding. | | | es, relief from stay | actions or |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of any unkruptcy proceeding. | y agreement or arrangement for p | payment to me for re | epresentation of the del | btor(s) in |
| Ju | ily 1, 2016 | /s/ Michael T. Barr | ett, Sr. | | |
| Date | | Michael T. Barrett, Sr. 6200869 | | | |
| | | Signature of Attorney James D. Huls & A | | | |
| | | 530 Rockland Roa | | | |
| | | Crystal Lake, IL 60 815-455-4755 Fax | | | |
| | | michael@jdhuls.co | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Judith A. Ryan | | Case No. | | | | |
|-------|--|---|--------------------------------|---------------|--|--|--|
| | | Debtor(s) | Chapter 7 | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | |
| | | Number of | Creditors: | 29 | | | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and correct to the | ne best of my | | | |
| Date: | July 1, 2016 | /s/ Judith A. Ryan Judith A. Ryan Signature of Debtor | | | | | |

AFNI, Inc. 404 Brock Drive Bloomington, IL 61701

Alexian Brother Medical Group 3040 Salt Creek Lane Arlington Heights, IL 60005

Alexian Brothers Health System 22589 Network Place Chicago, IL 60673

ATG Credit 1700 West Cortland, Suite 2 Chicago, IL 60622

Cadence Health 25 N. Winfield Rd Winfield, IL 60190

Cadence Health 25 N. Winfield Rd Winfield, IL 60190

Cadence Health 25 N. Winfield Rd Winfield, IL 60190

Cadence Health 25 N. Winfield Rd Winfield, IL 60190

Cadence Health 25 N. Winfield Rd Winfield, IL 60190

Cadence Health C/O Nationwide Credit & Coll. 815 Commerce Dr, Suite 270 Oak Brook, IL 60523

Capital One Bank USA P.O. Box 85520 Richmond, VA 23285

Comcast C/O Convergent Outsourcing 800 SW 39th St./PO Box 9004 Renton, WA 98057

Discover Bank C/O Blitt & Gaines, P.C. 661 Glenn Avenue Wheeling, IL 60090

Discover Card P.O. Box 15316 Wilmington, DE 19850

Illinois Housing & Development 401 N. Michigan Avenue Suite 700 Chicago, IL 60611

Kohls/Capone N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051

MCYDSNB 9111 Duke Blvd Mason, OH 45040

Medical Business Bureau 1550 Northwest Highway Park Ridge, IL 60068

Medical Business Bureau 1550 Northwest Highway Park Ridge, IL 60068

Merchants Credit Guide 223 W. Jackson Blvd. Suite 4 Chicago, IL 60606

Midland Funding LLC C/O Blatt, Hasenmiller et al 10 S. LaSalle St. Suite 2200 Chicago, IL 60603 Portfolio Recovery A 120 Corporate Blvd. Suite 1 Norfolk, VA 23502

State Farm-Birmingham Auto C/O Vengroff Williams, Inc. 8440 N. Tomiami Tr Sarasota, FL 34230-4155

Toyota Financial Services C/O Robert Loquercio Enterprises 1600 West Lake Street Streamwood, IL 60107

U.S. Department of Education P.O. Box 7202 Utica, NY 13504-7202

US Bank Home Mortgage P.O. Box 20005 Owensboro, KY 42304

Winfield Laboratory Consultants Dept. 4408 Carol Stream, IL 60122-4408

Winfield Radiology Consultants 6910 S. Madison Willowbrook, IL 60527

Winfield Radiology Consultants 6910 S. Madison Willowbrook, IL 60527